

EXHIBIT I

27/11/2016

Gmail - Full workup of the stats you requested



Paul McGovern <pdmcgovern@gmail.com>

Full workup of the stats you requested

2 messages

Mark Albrecht <albre116@umn.edu>

29 November 2011 at 21:02

To: "Reed Mike (NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST - NE29 8NH)" <mike.reed@nhs.net>

Cc: Paul McGovern <pdmcgovern@gmail.com>, Scott Augustine <saugustine@augbiomed.com>, kleland@augbiomed.com, Christopher Nachtsheim <nacht001@umn.edu>

Mike,
See if this works for you

-Mark

--
Mark Albrecht
952-261-9903
albre116@umn.edu

Results.pdf
579K

Reed Mike (NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST - NE29 8NH)

30 November 2011 at 05:44

<mike.reed@nhs.net>

To: Mark Albrecht <albre116@umn.edu>

Cc: Paul McGovern <pdmcgovern@gmail.com>, Scott Augustine <saugustine@augbiomed.com>, "kleland@augbiomed.com" <kleland@augbiomed.com>, Christopher Nachtsheim <nacht001@umn.edu>

Mark

This is great. I am very grateful.

So – for clarity- this chart is the same as the one in our paper but with longer follow up?

We are just 2 or 3 days short of 60 day follow up for the cases at the end of Nov?

You are 3.3 times more likely to get a hip infection than a knee infection at Northumbria, across the whole study period?

You are 3.6 times more likely to get an infection on FAW than CFW?

What is the infection rate in each of hips and knees before and after? What are the p values? (Sorry this probably defines me as a statistics numpty)
Does CFW appear to protect you much more for hips than it does for knees?

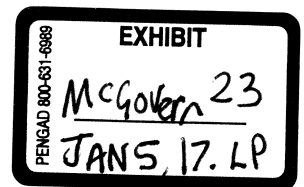
Mike

From: Mark Albrecht <albre116@umn.edu>

Date: Tue, 29 Nov 2011 21:02:46 +0000

To: Mike Reed <mike.reed@nhs.net>

Cc: Paul McGovern <pdmcgovern@gmail.com>, Scott Augustine <saugustine@augbiomed.com>,



27/11/2016

Gmail - Full workup of the stats you requested

"kleland@augbiomed.com" <kleland@augbiomed.com>, Christopher Nachtsheim <nacht001@umn.edu>

Subject: Full workup of the stats you requested

[Quoted text hidden]

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Table 1. Univariate Comparison of Risk Factors on the Development of Deep Joint Infection.

	No. (%) Developing Infection	No. (%) Not Developing Infection	Odds Ratio (95% Confidence Interval)	P value
Type of Surgery				<0.001 ^a
Knee	13 (1.1)	1120 (98.9)	1.0	
Hip	27 (3.7)	704 (96.3)	3.3 (1.69, 6.45)	
Patient Warming Device				<0.001 ^a
Conductive Fabric	7 (0.9)	792 (99.1)	1.0	
Knee	3	487		
Hip	4	305		
Forced Air	33 (3.1)	1032 (96.9)	3.6 (1.59, 8.22)	
Knee	10	633		
Hip	23	399		

Abbreviations: No., Number of Patients

^aType III (deleted parameter) Likelihood Ratio χ^2 Test using Logistic Regression

Table 2. Multivariate Comparison of Risk Factors on the Development of Deep Joint Infection.

Model Terms^a	Adjusted Odds Ratio (95% Confidence Interval)	Parameter Significance P-value
Type of Surgery		<0.001 ^b
Knee	1.0	
Hip	3.3 (1.68, 6.44)	
Patient Warming Device		<0.001 ^b
Conductive Fabric	1.0	
Forced Air	3.6 (1.58, 8.2)	

^aAn additive model was selected based upon a non-significant improvement in model deviance when compared to the saturated model (interaction model)

^bType III (deleted parameter) Likelihood Ratio χ^2 Test using Logistic Regression

Figure 1: Time based trends of joint sepsis rates for hip and knee replacement cases combined. The outcome of each individual case is plotted on the right hand axis (data is jittered to avoid overprinting). Average infection rates for each period (Forced air, Transition, or Conductive Fabric) are plotted on the left hand axis. Standard error of the mean was estimated using logistic regression.

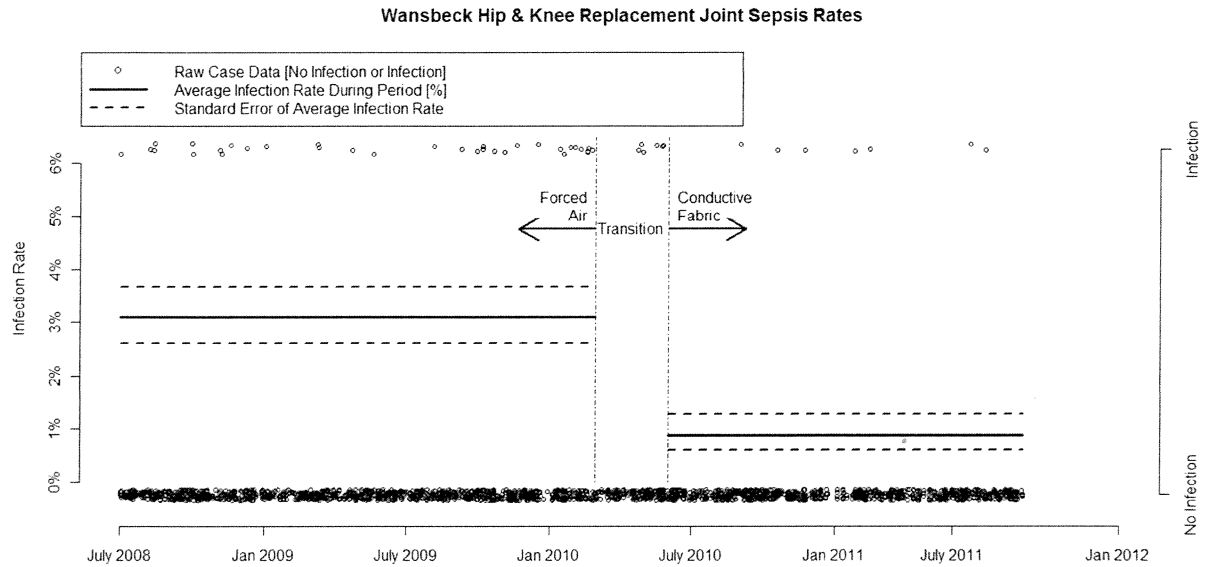


Figure 2: Time based trends of joint sepsis rates for hip replacement cases. The outcome of each individual case is plotted on the right hand axis (data is jittered to avoid overprinting). Average infection rates for each period (Forced air, Transition, or Conductive Fabric) are plotted on the left hand axis. Standard error of the mean was estimated using logistic regression.

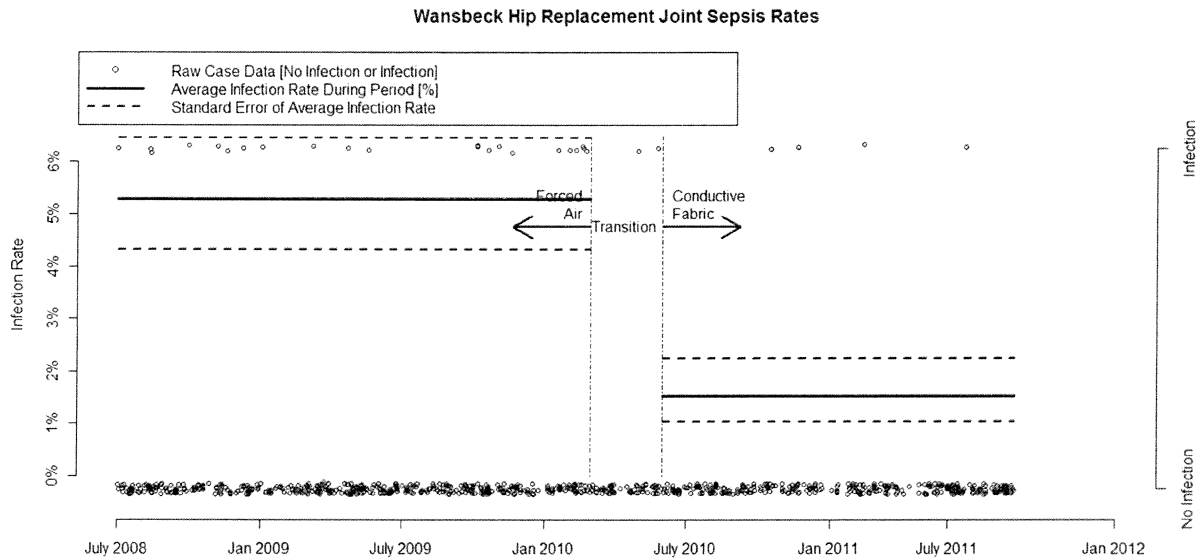


Figure 3: Time based trends of joint sepsis rates for knee replacement cases. The outcome of each individual case is plotted on the right hand axis (data is jittered to avoid overprinting). Average infection rates for each period (Forced air, Transition, or Conductive Fabric) are plotted on the left hand axis. Standard error of the mean was estimated using logistic regression.

